BEACON
Specialized Living

EVALUATION FORM

Direct Care Staff

Date of Hire: 2-18-2020 Name: Amanda Knapp Date: 6-11-20

A. The following categories represent the major scope of the employee's responsibilities. Each area is to be rated by the employees supervisor. Based on the 3 items listed below, please check the rating box for each category which most closely identifies the employee's annual performance and competency levels.

1. YES (Y): All standards/expectations are met in that Category.
2. NO (N): None if the standards/expectations were met in that Category.
3. INCOMPLETE (I): Some of the standards/expectations were met in that Category.

Competency Category	Y	N	I	Explanation of Rating
Employee Attendance: On time, no call offs, work attendance within policy guidelines. As evidenced by Time Sheets.	○	○	◉	Amanda has called off one time without finding coverage for her shift. Normally Amanda comes to all of her shifts and picks up shifts at other homes, comes in early, and stays late as needed.
Completes electronic & paper documentation correctly at the end of each shift. As evidenced by incomplete documentation. (unfinalized notes, unsealed forms, incomplete data on paper documentation)	◉	○	○	Amanda finishes all of her charting and IR/ER as needed by the end of her shift.
Mandatory Reporting is done on time, when required. (ie: abuse, neglect, AWOLs, etc..) As evidenced by Incident Report or Reports from internal or external parties.	◉	○	○	Amanda finishes all of her paperwork on time. Amanda fills out recipient rights forms any time she feels a residents rights are violated. Amanda reports to her Manager when she feels other staff are not treating residents fairly.
Follows all company Policies and Procedures. As evidenced by no Progressive Actions.	◉	○	○	Amanda has not received any PA in her time with Beacon
Completes assignments from Management Staff. As evidenced by Home Manager or no Progressive Actions.	◉	○	○	Amanda does what is asked of her.
Complete shift duties, including daily cleaning tasks, assists & interacts with residents and follows activities schedule. As evidenced by Progress Notes, no Progressive Actions and appearance of home.	◉	○	○	Amanda completes all shift tasks that are assigned to her and the home is clean when day shift arrives.
Prepares, implements and follows the Dietary needs of all residents. (Menus, Diet Orders) As evidenced by documentation on menus and observation of meals being served.	◉	○	○	Amanda is aware of the diet orders in the menu book and follows it accordantly
Mandatory meetings and trainings attended. As evidenced by Sign-in Sheets or Training documentation.	◉	○	○	Amanda is up to date on all of her trainings
For assigned Residents, adheres to the Treatment and/or Behavior Plans goals and objectives. As evidenced by Progress Notes.	◉	○	○	Amanda is aware of the residents goals and behavior plans and works with the residents on these tasks

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Strengths:

1. Amanda is a leader and is easily able to give others direction.
2. ~~Ep~~ Empathitic

Areas for Development:

1. Not engaging in gossip with her coworkers from her home or homes on the property.
2. Learning more policies and procedures

B. Please state at least two goals/objectives you would like to accomplish in the next year:

1. Goal: To become a lead staff on Nights
   How will I get there?: Learning more policies and procedures

2. Goal: Assistant Manager
   How will I get there?: Passing Level Tests

Are annual In-Service Trainings complete? ☑ Yes ☐ No
If no, when are they scheduled? _____

Is TB test current (3 years)? ☑ Yes ☐ No
If no, one needs to be scheduled immediately.

Is Annual Health Review Form current? ☑ Yes ☐ No
If no, one needs to be filled out immediately.

Is Driver's License current/valid? ☑ Yes ☐ No
If no, needs to be renewed immediately.

Amanda Kemp
Employee Signature

6-12-2020
Date

Evaluator's Signature

6-12-20
Date